## SUPPLEMENTAL CIVIL COVER SHEET FOR CASES REMOVED FROM STATE COURT

This form must be attached to the Civil Cover Sheet at the time the case is filed in the United States District Court

State Court County: Hamilton County, Ohio								
Case number and caption:								
A 2405375	Zach Fugman, et al	VS	Co	onstance I	Kang, et	al		
Case Number	Plainfiff(s)	<u>—</u>	<u></u>	Defen	dant(s)			
<del>- 11</del>								
Jury Demand Made in State Court:				Yes	X	No		
If "Yes," by which party and on what Date:								
N/A		N/A						
Party		<u>-</u>	Date					
Were there parties not served prior to removal?			X	Yes		No		
Were there parties dismissed/terminated prior to removal?				Yes	X	No		
Were there answers filed in State Court?				Yes	X	No		
Is there a pending TRO in State Court?			X	Yes		No		
If you have answered "yes" to any of the above please list parties not served, the parties dismissed/terminated and the parties that filed their answers on the reverse of this page.  On the reverse of this page please list all Plaintiff(s), Defendant(s), Intervenor(s), Counterclaimant(s), Crossclaimant(s) and Third Party Claimant(s) still remaining in the case and indicate their party type. Please list the attorney(s) of record for each party named and include their bar number, firm name, correct mailing address and phone number, including area code.								
Are copies of all state case pleadings attached to your removal?			K	Yes		No		
If your answer is "No", when will they be filed:  N/A								
List the parties that are removing the case:								
Constance Kang								
Zhongvi Liu								

Parties Not Served	Parties Dismissed	Answers Filed
I.E. Defendant John Doe	I.E. Defendant John Doe	I.E. Defendant John Doe
Defendant Constance Kang Defendant Zhongyi Liu		

## Party and Type

## I.E. Plaintiff John Doe

Plaintiff Zach Fugman

Plaintiff Banana Capital Partners, LLC

**Defendant Constance Kang** 

Defendant Zhongyi Liu

## Attorney(s)

I.E. Attorney(s) Name

Firm

Address

City, State, Zip

Telephone and Fax Number

Supreme Court Number

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